

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24562

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6748**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St Louis)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) 4970 Blow	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthony Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Rudolph	b. (Middle) B	c. (Last) Artmann	4. DATE OF DEATH (Month) (Day) (Year) August 1, 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married (Specify)	8. DATE OF BIRTH May 7, 1893	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) credit manager	10b. KIND OF BUSINESS OR INDUSTRY clothing business	11. BIRTHPLACE (State or foreign country) St Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME August Artmann	13b. MOTHER'S MAIDEN NAME Mathilda Schmidt	14. NAME OF HUSBAND OR WIFE Ella Artmann
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Ella Artmann	ADDRESS 4970 Blow
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) Old perforated duodenal ulcer.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION Perforated old duodenal ulcer	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) 2	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis / Mo /
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 9m 5711
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22. I hereby certify that I attended the deceased from **July 12, 1949**, to **August 1, 1949**, that I last saw the deceased alive on **August 1, 1949**, and that death occurred at **12 m.**, from the causes and on the date stated above.

23a. SIGNATURE J. B. Pasater	(Degree or title) _____	23b. ADDRESS 3606 Sycamore	23c. DATE SIGNED 8-2-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8/4/49	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St Louis County, Mo.
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DATE REC'D BY LOCAL REG. AUG 3 1949	REGISTRAR'S SIGNATURE J. B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein & Sons	ADDRESS 7027 Gravois
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Francis J. Duran

Licensed Embalmer No. 2245

P. O. Address St. Louis, Mo.

Note: - The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.